

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<u>S1</u>	1021	305 (6/2)
RESPONSE FORMALITY REVIEW	<u>Zm</u>	927	07/27/61

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	101	101	6/27/61
2	102	102	6/27/61
3	103	103	6/27/61
4	104	104	6/27/61
5	105	105	6/27/61
6	106	106	6/27/61
7	107	107	6/27/61
8	108	108	6/27/61
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46	146	146	6/27/61
47	147	147	6/27/61
48	148	148	6/27/61
49	149	149	6/27/61
50	150	150	6/27/61

Claim	M	N	Date
51	V	V	6/27/61
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55	V	V	6/27/61
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Claim	Date
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

 8/27
 07/27/61
 2C 5353